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FORM 1		ORGANIZATION					Office Use Only		
1. NAME OF COMMITTEE (in	full)		Check if name changed)	Example:	f typing, type ines.	12FE41	Salar Benederal Control	·	
Magna Holding	of Americ	a Inc. Po	litical Action C	ommittee (M	lagna PAC)		11111		
<u> </u>								<u>i l l l l l</u>	
ADDRESS (number an	d street)	600 V	Vilshire Drive	<u> </u>				لــــــــــــــــــــــــــــــــــــــ	
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				CITY		STATE	ZIP (CODE	
COMMITTEE'S E-MAI	IL ADDRES	SS (Please	provide only one	e-mail address)	l		,		
· i (Check if a	addroce	Mike_	Viscariello@m	agna.on.ca	11111	1 1 1 1	1 1 1 1 1		
is changed					<u> </u>			<u> </u>	
COMMITTEE'S WEB	PAGE ADD	DRESS (UI	RL)						
(Check if a		www.n	nagną.com į						
2. DATE 10	28	20	09				•		
3. FEC IDENTIFIC	ATION NU	IMBER	C	ميد طاقيد مرواليونيين فراهمورد درود .	i ja valen ganta an an ganta an			·	
4. IS THIS STATEM	MENT 🗹	NEW	(N) OR		AMENDED (A)			·	
I certify that I have e	xamined th	is Stateme	nt and to the be	st of my knowl	edge and belief i	t is true, corr	ect and complete	·.	
Type or Print Name of	of Treasurer	Micha	el Viscariello				··		
Signature of Treasure	ır <u> </u>	M ich	ul tran	iells		Date 1	2.8	2.009	
NOTE: Submission of f			omplete information				-	of 2 U.S.C. §437g.	
Office Use Only				Feder Toll F	urther information of al Election Commiss ree 800-424-9530 202-694-1100			ORM 1 02/2009)	